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PTO/SB/21 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031

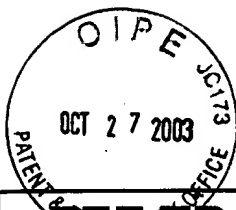
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/626,100
		Filing Date	July 26, 2000
		First Named Inventor	Adam M. GERSTING
		Art Unit	3623
		Examiner Name	A. Boyce
Total Number of Pages in This Submission	17	Attorney Docket Number	426882000500

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form, in duplicate - 2 pgs <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply - 14 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div>Remarks</div>	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures (please identify below): Return Receipt Postcard RECEIVED OCT 30 2003 GROUP 3600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP Robert E. Scheid - Reg. No. 42,126
Signature	
Date	October 23, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: 10-23-03	Signature: (Yayoi Isaacson)



Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/626,100	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 26, 2000	
		First Named Inventor	Adam M. GERSTING	
		Examiner Name	A. Boyce	
TOTAL AMOUNT OF PAYMENT (\$)		108.00	Attorney Docket No.	426882000500
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP		Large Entity Small Entity		
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Description		
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		Fee Paid		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				
FEE CALCULATION				
1. BASIC FILING FEE				
Large Entity Small Entity				
Fee Code Fee (\$)				
1001 770 2001 385 Utility filing fee				
1002 340 2002 170 Design filing fee				
1003 530 2003 265 Plant filing fee				
1004 770 2004 385 Reissue filing fee				
1005 160 2005 80 Provisional filing fee				
SUBTOTAL (1) (\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims 26 -20** = 6		Extra Claims Fee from below		
Independent Claims 3 -3** = 0		Fee Paid		
Multiple Dependent				
Large Entity Small Entity				
Fee Code Fee (\$)				
1202 18 2202 9 Claims in excess of 20				
1201 86 2201 43 Independent claims in excess of 3				
1203 290 2203 145 Multiple dependent claim, if not paid				
1204 86 2204 43 ** Reissue independent claims over original patent				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) (\$)		108.00		
**or number previously paid, if greater; For Reissues, see above				
SUBMITTED BY		(Complete if applicable)		
Name (Print/Type) Robert E. Scheid		Registration No. 42,126		
Signature		Telephone (415) 268-6369		
		Date October 23, 2003		